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Leading the Way to Better Healthcare

Surveillance News You Can Use:
NHSN Updates for 2015
December 11, 2014



MHC

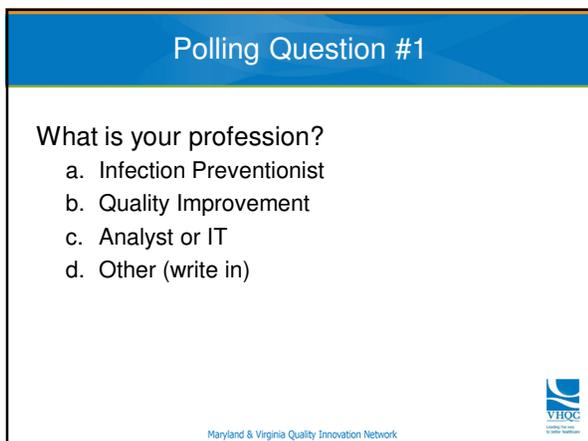
APIC VIRGINIA

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MARYLAND
Department of Health and Mental Hygiene

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment



Polling Question #1

What is your profession?

- a. Infection Preventionist
- b. Quality Improvement
- c. Analyst or IT
- d. Other (write in)

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Today's Speakers

Andrea Alvarez, VDH
Cherie Merix, Virginia APIC
Marsha Kemp, Virginia APIC
Katie Richards, DHMH
Deb Smith, VHQC
Theresa Lee, MHCC
Eileen Witherspoon, MHCC



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Objectives

- a. Notify IPs of 2015 NHSN changes
- b. Overview of changes to surveillance definitions
- c. Overview of changes to data collection
- d. Overview of the changes to mapping units
- e. Overview of changes to the annual survey
- f. Updates from Virginia APIC, VDH, MD DHMH and VHQC



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Surveillance Definition Changes for 2015

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Purpose of Changes

- a. Better organize, update, simplify, and align criteria and definitions
- b. Decrease subjectivity
- c. Improve data collection and entry
- d. Use 2015 as new baseline year for standardized infection ratio calculations
 - This year is very important!


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Surveillance Changes Beyond 2015

- a. No near-term plans for revising the definitions and criteria
- b. Future changes likely to be result of increasing use of electronic health records and use of electronic data capture
- c. Fully electronic capture of required data and determination of reported events in 3 to 5 years


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Mapping Locations & Annual Survey changes

- a. 2014-2015 flu season: Report healthcare worker influenza vaccination summary data from personnel working in **hospital outpatient departments** along with the counts from personnel working in the inpatient locations of the acute care hospital.
- b. January 1, 2015: Report CLABSI and CAUTI from all adult and pediatric medical, surgical, and medical/surgical wards.
- c. Chapter 17 definitions updated!


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Infection Window Period

- a. No more "gap day"!
- b. Infection Window: 7-day period during which all site-specific infection criteria must be met
 - Day of first positive diagnostic test (e.g., lab specimen collection date), 3 calendar days before, and 3 calendar days after
- c. Does not apply to SSI, VAE, or LabID events


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Date of Event

- a. Prior to 2015: Date of the LAST element of the infection criteria
- b. 2015: Date of the FIRST element of the infection criteria (within the 7-day infection window period)
- c. An infection with Date of Event on or after hospital day 3 (admission date to inpatient location is day 1) is an HAI
- d. Does not apply to VAE or LabID event


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Repeat Infection Timeframe (RIT)

- a. New NHSN term
- b. Does not apply to SSI, VAE, or LabID events
- c. 14-day period during which repeat infections of the same type will not be reported to NHSN
- d. Facilities no longer have to determine if symptoms of a prior infection have resolved and/or treatment completed in order to identify a new infection


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Secondary Bloodstream Infection Attribution Period

- a. Used to determine time period during which a BSI can be attributed as secondary to another infection site
- b. Includes Infection Window Period of the primary infection as well as that infection's RIT
- c. Length will vary from 14-17 days
- d. Does not apply to SSI, VAE, or LabID events

13

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Bloodstream Infection Changes

- a. For Secondary BSI definition: No longer need to determine an organism is a "logical pathogen" for another specific site of infection
- b. Core temps no longer required to document infant fevers
- c. Do not convert any temps based on route, even if hospital policy says so

14

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Alternate Method for Collecting CLABSI and CAUTI Denominators

- a. Eligible units: ICU or ward locations with 75 or more device days per month
- b. Requires data collection of patient days and device days on a single day each week and the total number of patient days for the month
- c. Traditional method (counting every day) still available

15

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UTI Changes

- a. Only urine cultures with a colony count of at least 100,000 CFU/mL for at least one bacteria will be used to meet NHSN UTI criteria
- b. Only bacteria will be accepted as causative organisms (*no yeast, mold, dimorphic fungi, or parasites*)
- c. Revision to SUTI 1a criterion: Patient has an indwelling catheter in place for the entire day on the date of event and catheter had been in place for >2 calendar days
- d. Same fever changes as for CLABSI

16

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VAE Changes

- a. PVAP: Replaces possible VAP and probable VAP
 - Three pathways to satisfy this definition
- b. Will exclude pathogens typically acquired from the environment (e.g., *Cryptococcus*, *Blastomyces*)
- c. Exception regarding the selection of daily minimum PEEP and FiO2 settings
- d. New optional denominator: episodes of mechanical ventilation

17

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SSI Changes: Infection Present at Time of Surgery

- a. Infection present at time of surgery (PATOS) – new field on SSI event form
- b. Does not apply if there is a period of wellness between time of preop condition and surgery
- c. Infection must be noted preop or found intraoperatively in a preop or intraop note
- d. Only select PATOS = YES if it applies to the depth of SSI that is attributed to the procedure
- e. SSIs with PATOS = YES will be excluded from the SSI SIRs beginning with 2016 data and new baseline

18

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SSI: HPRO and KPRO Revision Procedures

a. If a total or partial revision HPRO or KPRO is performed, evaluate if certain ICD-9 diagnosis or procedure codes were coded in the 90 days prior to and including the index HPRO or KPRO revision

- If yes, mark yes on denominator form "...was the revision associated with prior infection at index joint?"
- This variable will be used as a new risk factor to be considered in risk adjustment for 2015 baselines


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SSI: Other Changes

a. Defining diabetes

- Along with current NHSN definition, assignment of discharge ICD-9 codes 250 – 250.93 acceptable for use to answer YES

b. Change in "scope" field reporting

- Check Y if the NHSN operative procedure was coded as a laparoscopic procedure performed using a laparoscope/robotic assist


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MDRO/CDI Changes

a. FacWideIN Monthly Denominator Reporting

- Required to be excluded from FacWideIN denominator counts - inpatient locations that have a CCN that is different than the acute care facility (e.g., inpatient rehab, inpatient psych)

b. MDRO/CDI LabID event FacWideIN reporting will also require location-specific surveillance for the same organism in each ED (ped and adult) and 24-hr observation location


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CRE Changes

- a. Enterobacter added as an organism for CRE reporting
- b. In-plan: Must conduct surveillance on all three CRE organisms
- c. Definition changes
 - Adds ertapenem
 - Any *E. coli*, *K. pneumoniae*, *K. oxytoca*, or *Enterobacter* resistant to one or more carbapenems by susceptibility testing methods OR by production of a carbapenemase demonstrated using a recognized test


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Other MDRO/CDI Changes

- a. New optional questions for LabID event MDRO or CDI
 - Last physical overnight location of patient immediately prior to arrival into facility
 - Has patient been discharged from another facility in past 4 weeks? If yes, from where?
- b. *C. difficile* GI system infection (GI-CDI) added as a specific infection type
 - For infection surveillance, NOT LabID event reporting


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New Reporting for LTACs and IRFs

Jan 1, 2015: FacWideIN MRSA bacteremia and CDI LabID event data required to be reported by long-term acute care facilities and inpatient rehabilitation facilities


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Other Training Resources

- a. TBD (est. mid-Dec): Module-specific/"hot topic" webinars/online resources, including analysis functions (CDC)
- b. February 17-19: in-person training in Atlanta (also available via webstreaming)
- c. September 2014 NHSN Newsletter
<http://www.cdc.gov/nhsn/PDFs/Newsletters/vol9-3-eNL-Sept-2014.pdf>



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Polling Question #2

How prepared is your facility for the 2015 changes to NHSN surveillance and reporting?

- a. 100% prepared
- b. 75% prepared
- c. 50% prepared
- d. Not prepared at all



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Mapping Locations & Annual Survey



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Mapping Locations for CMS IPPS

- a. Beginning in January 2015, acute care hospitals (ACHs) will be expanding their reporting of CLABSI & CAUTI.
- b. In addition to reporting CLABSI & CAUTI data from adult, pediatric, & neonatal ICUs, IPPS hospitals will be required to report these data from adult & pediatric medical, surgical, & medical/surgical wards.



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Mapping Locations (cont.)

The requirement to report from ward locations will be limited to locations that are mapped (defined) as CDC adult & pediatric:

- a. Medical
- b. Surgical
- c. Medical/Surgical Wards



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Mapping Locations (cont.)

Example: CDC Location Label	CDC Location Code
Medical Ward	IN:ACUTE:WARD:M
Medical/Surgical Ward	IN:ACUTE:WARD:MS
Surgical Ward	IN:ACUTE:WARD:S
Pediatric Medical Ward	IN:ACUTE:WARD:M_PED
Pediatric Medical/Surgical Ward	IN:ACUTE:WARD:MS_PED
Pediatric Surgical Ward	IN:ACUTE:WARD:S_PED



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Mapping Locations (cont.)

- a. Remember any unit mapped as a specific type that is not an ICU, NICU, or one of the six wards listed previously, will not be required for CMS IPPS reporting in 2015. Examples: Orthopedic, Telemetry
- b. Data reported from non-required units in NHSN will not be shared with CMS.


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31

Mapping Locations (cont.)

- a. Next step – preparing for 2015 reporting:
- b. Look at types of patients receiving care in each unit to determine the most appropriate CDC location.
- c. Mapping must be set-up in NHSN according to Instructions for Mapping Patient Care Locations in NHSN.

Reference:
www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf


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32

Mapping Locations (cont.)

- a. The instructions (January 2014) provide an algorithm which walks you through the steps to determine which locations to set up in NHSN.
- b. Use this whenever adding a new unit or when a unit has had a significant change in patient mix (e.g., merging of units, new service) to NHSN for surveillance.


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33

Mapping Locations (cont.)

- a. This document provides information for:
 - a. Patient mix
 - b. NHSN 80% Rule
 - c. Virtual locations
 - d. Mixed Acuity Unit
- b. Examples follow to help with decision making.
- c. A Master CDC Locations and Description chart follows, with more help with process.



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Annual Facility Survey

- a. Do not complete your 2014 Annual Facility Survey until after the NHSN January 2015 update is completed.
- b. Surveys completed prior to January 2015 update will be deleted and users will be required to submit a new survey.
- c. NHSN will send reminder emails to all facilities prior to January 1, 2015.



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Annual Facility Survey (Cont.)

- a. The surveys are being updated to include two (2) new sections of questions for the 2014 survey:
 - Infection Control Practices
 - Antibiotic Stewardship Practices.



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Annual Facility Survey (Cont.)

Questions – Infection Control:

- a. IC practices to gain a better understanding of current practice and identify areas to target prevention efforts among facilities reporting MDROs.
- b. This information will inform future efforts to improve facility implementation of recommended prevention measures to control spread of MDROs.

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Annual Facility Survey (Cont.)

Questions - Antibiotic Stewardship:

- a. To obtain information regarding current facility efforts to improve antibiotic use and assess the quality of facility AS practices.
- b. The information collected will inform efforts to improve facility implementation of best practices to improve AS practices and antibiotic use in hospitals.

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Annual Facility Survey (Cont.)

- a. NHSN recommends that facilities should review the new questions when the updated NHSN forms & tables of instructions are posted on the NHSN website later this year. (not available as of 12/3/2014)
- b. These revisions will be made to the surveys during the January 2015 update of NHSN.

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Annual Facility Survey (Cont.)

Reminder:
Wait to complete your 2014 survey until after the January 2015 update has been completed (to prevent having to redo the survey).

References:
http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf
CDC website, NHSN, Newsletters (September, 2014), Vol. 9, Issue 3.



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Questions?



41 Maryland & Virginia Quality Innovation Network

APIC VA Update



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APIC VA

Benefits APIC membership: (Check Chapter 12 Virginia box when join)

<http://www.apic.org/>
<http://www.apic-va.com/>

- Robust information on current topics such as EBV and Influenza
- Represent members to regulatory bodies and on public policy issues
- American Journal of Infection Control
- National, Virginia and Local networking and continuing education opportunities


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43

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44

MD's HAI Program

<p>a. Emerging Infections Program (EIP) Projects</p> <ul style="list-style-type: none">• HAI and Antimicrobial Use Prevalence Survey• CDI Surveillance• MuGSI Surveillance (Multi-Site Gram-Negative Surveillance Initiative)	<p>b. Other HAI Activities</p> <ul style="list-style-type: none">• Outbreak Investigation• CRE Reporting• CDI Collaborative• MDRO Collaborative• Get Smart about Antibiotics• Education• Consulting• Collaborating
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45

MD NHSN Reporting



Maryland Health Care Quality Reports
Keeping Marylanders Informed

Home Hospital Guide Physician Information Long-Term Care Guide Health Plans Surgery Centers

How to use this guide **The Hospital Guide**

- a. HAIs currently reportable to NHSN in MD:
CLABSI, CAUTI, CDI, SSI (hip, knee, CABG, COLO, HYST), MRSA bacteremia
- b. MHCC's new Maryland Health Care Quality Reports website: www.marylandqmdc.org/

46


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Maryland Health Care Commission



NHSN Reporting in Maryland

Center for Quality Measurement & Reporting
Theresa Lee, Director
Eileen Witherspoon, Health Policy Analyst

47


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New website: www.marylandqmdc.org



Maryland Health Care Quality Reports
Keeping Marylanders Informed

Home Hospital Guide Physician Information Long-Term Care Guide Health Plans Surgery Centers

How to use this guide Links and Resources Need health insurance? Need to file a complaint? Technical information Who we are / Contact Us

Preventing Infections (Learn more)

48


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Example: CLABSI Data Display

1 Select Topic 2 Select Site Type 3 Select Period

Central Line-Associated All Adult/Pediatric ICUs 2013/07 - 2014/06

Central Line-Associated Bloodstream Infections (CLABSI)

All Adult/Pediatric ICUs

2013/07 - 2014/06

* Click on a site number of infections

** For the reporting organization

Select up to 5 hospitals to compare	Hospital Performance
<input type="checkbox"/> Shady Grove Adventist Hospital	Better
<input type="checkbox"/> Frodo, Georgia's Hospital Center	Better
<input type="checkbox"/> Fremont's Regional Medical Center	Better
<input type="checkbox"/> Hennepin County Memorial Hospital	Better

Number of Infections: 3

Number of Central Line Days (CLD): 2,026

Number of Infections Permitted by National Expertise: 4.61

Ratio of Actual to Permitted Infections (PFI): 0.65

95% LCL: 0.00 95% UCL: 0.54

49

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50

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Virginia Dept. of Health update

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51

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VHQC Updates



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52

VHQC – QIN/QIO for MD and VA

- a. **Better Health**
 - Improving Cardiac Health
 - Reducing disparities in cardiac and diabetes care
 - Coordinating prevention through HIT
- b. **Better Care**
 - Reducing HAI's in Hospitals
 - Reducing HAC's in Nursing Homes
 - Care Transitions; Reducing re-admissions and ADE's
- c. **Lower Costs**
 - Physician value based modifier
 - Local QIO projects


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53

VHQC HAI Improvement Network

- a. **Decreasing HAIs**
 - CAUTI (catheter-associated UTI)
 - CLABSI (central line-associated BSI)
 - CDI (*Clostridium difficile* infection)
 - VAE (ventilator-associated event)
- b. **Decreasing Device Utilization**
 - Central Lines
 - Indwelling Urinary Catheters
- c. **Improving Antimicrobial Stewardship**


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54

Join the HAI Improvement Network

a. While your facility can join the network at any time through June 2015, there are benefits to joining the network now.

- As soon as you sign up, VHQC will be able to access your facilities' data and prepare reports for your review using regional, state and national benchmarks.
- In addition, VHQC will assist you with a needs assessment of your infection prevention program to help you set HAI improvement priorities and make this project work for you.

55

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Thank You

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56

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